

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		03-29-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AS	535	05-03-0
RESPONSE FORMALITY REVIEW	MD	JCGM	06/06/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1-8/9/01
2	✓
3	✓
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11	✓
12	N N
13	N N
14	N N
15	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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